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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
1. County of <u>Gila</u>				BUREAU OF VITAL STATISTICS		State Index No. <u>159</u>	
District of _____				ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>422</u>	
Town of <u>Miami</u>						Local Registrar No. _____	
or							
City of _____		No. _____		St. _____		Ward _____	
2. Full name of child <u>Celia Prias</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)							
3. Sex of Child		To be answered ONLY in event of plural births.		4. Twin, triplet or other		6. Legitimate?	
<u>Female</u>						<u>yes</u>	
				5. No., in order of birth		7. Date of birth <u>June 26</u> 192 <u>3</u>	
						Month Day Year	
8. FATHER				14. MOTHER			
Full name <u>Eusebio Prias</u>				Full maiden name <u>Ruby Sanders</u>			
9. Residence <u>Miami, Arizona</u> (Usual place of abode)				15. Residence <u>Miami, Arizona</u> (Usual place of abode)			
If nonresident, give place and state				If nonresident, give place and state			
10. Color or race		11. Age at last birthday <u>23</u> (Years)		16. Color or race		17. Age at last birthday <u>16</u> (Years)	
<u>Mexican</u>				<u>American-Mex.</u>			
12. Birthplace (city or place) <u>San Juan</u> (State or country) <u>Sinaloa, Mexico</u>				18. Birthplace (city or place) <u>Safford, Arizona</u> (State or country)			
13. Occupation <u>miner</u> Nature of industry				19. Occupation <u>Housewife</u> Nature of industry			
20. Number of children of this mother <u>one</u> (Taken as of time of birth of child herein certified and including this child.)				21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>			
(a) Born alive and now living <u>yes</u>				(b) Born alive but now dead <u>no</u>			
(c) Stillborn _____							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6:15 P.</u> m. on the date above stated.							
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.				Signature <u>Wm. B. Hall, Jr. M.D.</u>			
				(Physician or midwife)			
Address <u>Miami, Arizona</u>							
Given name added from a supplemental report _____				Filed <u>July 31, 1923</u>			
Month, day, year.				Filed <u>Aug 3, 1923</u>			
Registrar. _____				County Registrar. <u>P. E. Juen</u>			

362-626-922